

Department of Planning, Zoning and Development
25 West Market Street, PO Box 88 Leesburg, Virginia 20178
(703) 771-2765 / Fax (703) 771-2724

Temporary Use Permit

TUP#/ _____

Intended Use: _____

Description of Use: _____

Site Address: _____

MCPI# _____ LCTM#: _____

Property Owner: _____ Phone No/: _____

Address: _____

I as the owner, or authorized agent for the above referenced parcel do hereby request a Temporary Use Permit for the activity described herein and as shown on the attached scale site plans (2 sets) and specifications. I understand that any deviation from the application as requested shall require the express written approval of the Zoning Administrator. Section 9.5. Town of Leesburg Zoning Ordinance.

Applicant Name: _____ Daytime Phone No/: _____
(please print)

Applicant Address: _____

_____ / _____ / _____

(Signature)

Date

Title/ Firm

Conditions of Approval: _____

Zoning District: _____ Period of Approval: _____

Use Classification: _____

Fee: _____ Bond Amount: _____ Date Approved: _____

THIS TEMPORARY USE PERMIT IS APPROVED FOR THE USE AS DESCRIBED AND SHOWN ON THE ATTACHED SITE PLAN.

Zoning Administrator

Date